

Date Received _____

CMHCVP Rep. _____

**CITY OF MARIETTA HOUSING CHOICE VOUCHER PROGRAM
VOUCHER EXTENSION REQUEST**

Under the City of Marietta Housing Choice Voucher Program, vouchers expire sixty days from the date of issuance unless the Family submits a Request for Tenancy Approval (RFTA) or a voucher extension is granted. A request for an extension must be submitted to the City of Marietta HCVP prior to the expiration of the voucher with a list of no less than ten (10) verifiable landlord contacts made by the Family.

Requests for an extension should be received at least seven (7) calendar days before the expiration of your voucher. If you do not request an extension in a timely manner, the voucher may be subject to withdrawal AT THE INITIAL EXPIRATION DATE.

**IMPORTANT- Please attach the Unit Search form you received at your relocation briefing. It must have a list of no less than ten (10) verifiable landlord contacts made by the family during their housing search.
--Extensions are granted in 30 day increments only.--**

Name of Head of Household: _____ Phone Number: () _____/_____

Address: _____ City/State/Zip _____

Please state the reason that you have not been able to locate a suitable unit within 60 days:

Print Head of Household Name

Signature Head of Household

Date

Office Use Only

Extension Approved _____

Disapproved _____

Date Extension Expires _____

City of Marietta HCVP

Representative _____ Date _____